



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

April 4, 2013

CERTIFIED MAIL (7008 1490 0003 4201 3643)

Administrator
Clare Bridge at Silver Lake
2015 Lake Heights Dr
Everett, WA 98208

Assisted Living Facility License # 1703
Licensee: Brookdale Senior Living Communities Inc.

IMPOSITION OF CIVIL FINE

Dear Administrator:

This letter constitutes formal notice of the imposition of a civil fine for your assisted living facility, located at **2015 Lake Heights Dr, Everett**, by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fine is based on the following violations of the Revised Code of Washington (RCW) and/or the Washington Administrative Code (WAC) found by the department in your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on March 14, 2013.

WAC 388-78A-2640(1)(a) Reporting Significant Change in a Resident's Condition

\$100.00 per day x 7 days = \$700.00

The facility failed to accurately inform the physician regarding new hip pain experienced after a fall for one resident. This failure resulted in harm for the resident who had untreated displaced fracture.

WAC 388-78A-2700(1)(2)(a)(c)(i)(ii) Safety Measures and Disaster Preparedness

\$100.00 per day x 14 days = \$1400.00

The facility failed to promote the safety of one of the residents with falls, failed to ensure the premises was free of hazards and failed to investigate incidents that resulted in the injury to one resident.

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You may contest the civil fine by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

**Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489**

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$2100** payable to the Department of Social and Health Services. The check should be sent to:

**DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501
1-800-562-6114**

If payment has not been received within twenty-eight (28) calendar days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) calendar days, the balance due the department will be recovered.

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

**Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225**

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice.

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Plan of Correction/ Attestation

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter. Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency. Send your Plan of Correction to:

Lynn Dasher, Field Manager
District 2 Unit A
3906 172nd St NE, Suite #100
Arlington, WA 98223
Phone: (360) 651-6863/ FAX: (360) 651-6950

If you have any questions, please contact Lynn Dasher, Field Manager, at (360) 651-6863.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist
RCS Field Manager – District 2, Unit A
RCS District Administrator – Region 2
HCS Regional Administrator – Region 2
DDD Regional Administrator – Region 2
Washington State Long Term Care Ombudsman
Area Agency on Aging, AAA - Sno
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS

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